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APPLICANTS

Erik Yi Zhang, San Marcos, CA;

Marius Buibas, Chula Vista, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Examiner's Signature <u>DHS</u> Initials				

ADDRESS

22879
 HEWLETT PACKARD COMPANY
 P O BOX 272400, 3404 E. HARMONY ROAD
 INTELLECTUAL PROPERTY ADMINISTRATION
 FORT COLLINS , CO
 80527-2400

TITLE

Adjustable biasing device for sheet media feeder

FILING FEE RECEIVED 2046	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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